

Education and Training Committee, 2 December 2008

Post-registration qualifications

Executive summary and recommendations

Introduction

At its meeting on 10 June 2008, the Committee considered a paper from the Executive that outlined the outcomes of a meeting held to discuss the topic of post-registration qualifications.

The Committee agreed that the Executive should undertake further work and that these issues should be considered in the light of the work of the Continuing Fitness to Practise Professional Liaison Group (PLG).

In addition, at the last meeting, the annotation of qualified podiatric surgeons was raised. Appendix three to this paper gives examples of two qualifications, including one in podiatric surgery, that it has been argued might be suitable for annotation of the Register.

This paper is divided into three areas:

- A summary of this area, including a summary of the Committee's previous discussion.
- Further information relevant to the Committee's discussion.
- Discussion of some main points, including questions to structure the Committee's discussion.

This paper makes no specific proposals but is intended to stimulate the discussion of the Committee which in turn can guide the Executive as to the future direction of this work.

Decision

The Committee is invited to discuss the attached paper.

Background information

None

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-11-05	a	POL	PPR	Postregistration qualifications ETC 02122008	Final DD: None	Confidential RD: None

Resource implications

Please see paper.

Financial implications

Please see paper.

Appendices

- Appendix 1: Notes of discussion meeting held on 26 February 2008
- Appendix 2: Annotating the Register – cost and resource considerations
- Appendix 3: Example qualifications

Date of paper

20 November 2008

Post-registration qualifications

Background, context, previous discussion

- Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century

The White Paper said:

‘The Government agrees with the recommendation in ‘The regulation of the non-medical healthcare professions’ that, for the non-medical health professions, post-registration qualifications should be recorded in the register where these are relevant to patient care, risk management and are at a level substantially beyond the requirements for basic registration. In reviewing such arrangements, the Department of Health will ask the regulators what other changes could be made to provide better information for patients, the public and employers.’¹

- **Legal context**

The HPC’s powers to annotate the register are set out in the Health Professions Order 2001 (‘the Order’) and in the Health Professions Council (Parts and Entries in the Register) Rules Order of Council 2003 (‘the Rules’).

Article 19 (6) of the Order says:

‘In respect of additional qualifications which may be recorded on the Register the Council may establish standards of education and training and articles 15(3) to (8) and articles 16 to 18 shall apply in respect of those standards as if they were standards established under article 15(1)(a)’

Rule 2 (4) of the Rules says:

‘The Council may also include such entries in the register as it considers appropriate to indicate that a registrant possesses any other qualification (whether or not it is an approved qualification) or competence in a particular field or at a particular level of practice.’

The Rules and Order provide the Council with the powers to record post-registration qualifications or additional competencies in the Register; approve post-registration qualifications for these purposes; and establish standards of education and training for post-registration entitlements. Standards of proficiency (or their functional equivalent) could also be produced.

¹ Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, paragraph 6.12.

- **Existing annotations of the Register**

The Register is currently annotated to indicate where:

- A chiropodist / podiatrist, physiotherapist or radiographer has completed an approved programme enabling them to become a supplementary prescriber.
- A chiropodist / podiatrist has completed an approved programme allowing them to sell /supply prescription only medicines (POM) and/or administer local anaesthetics (LA).

The requirement to annotate the Register is found in another enactment, the Prescription Only Medicines (Human Use) Order 1997, an order under the Medicines Act 1968.

There is a link between the annotation and function. For example, someone who had successfully completed a supplementary prescribing programme could not act in that capacity until their entry in the Register was annotated, and could be liable to prosecution by the Medicines and Healthcare Products Regulatory Agency (MHRA) if they did so.

- **Council for Professions Supplementary to Medicine (CPSM)**

The Council for Professions Supplementary to Medicine (CPSM) previously annotated the Register prior to the transfer to the Health Professions Council.

These annotations were determined by each profession-specific board and registrants could often apply to have designatory letters entered in the Register, or to have other qualifications entered if considered by the Board to be relevant to their registration.

In 2002, the shadow HPC consulted on its future structure and functions. The consultation document said:

‘The Council proposes to transfer those registered with the CPSM to the new Register. [...] Any information held on the CPSM Register, which does not relate to the parts of the Register set out in this section, will be retained but not made available to the public.’²

The key decisions document following the consultation concluded:

‘Subsections of the Register will be used to distinguish modalities of care, not skill levels. If the Council were to try to distinguish between skill levels, it would

² Health Professions Council, The Future – Paper for consultation
www.hpc-uk.org/publications/consultations/index.asp?id=36

need to introduce a very large number of sub-sections for many of the Parts of the Register, and the Council thinks that would be confusing and unnecessary.³

Therefore, when the HPC Register opened in July 2003, it did not include any additional annotations or subsections (other than those necessary to meet other statutory requirements – e.g. local anaesthetics entitlements for chiropodists / podiatrists).

- **Discussion meeting – 26 February 2008**

At the Committee's last meeting, a detailed summary of a discussion meeting held on 26 February 2008 was given. The discussion meeting explored this area and was attended by representatives from professional bodies, HPC visitors, Education and Training Committee members and HPC employees.

The notes of the discussion at the meeting are included as an appendix to this paper. In summary:

- There was overall agreement at the meeting that the HPC should annotate the Register to indicate where a greater range of post-registration qualifications are held.
- There was no overall agreement about whether post-registration qualifications should be directly approved by the HPC or whether other arrangements were more appropriate.
- There was agreement that standards of proficiency would be necessary for approving post-registration qualifications but that such an approach would need to build on existing standards and frameworks.
- The meeting identified and discussed a number of roles and their potential suitability for annotation of the Register.

- **Indicative Criteria**

In our response to the Review of the regulation of non-medical healthcare professionals, we suggested some indicative criteria that might be used in deciding whether the Register should be marked.

We said:

'We believe that there should be clear, published criteria for marking the Register, since there will evidently be qualifications that are relevant to registration, and those which are not.

[...]

³ Health Professions Council, Consultation Feedback – Key Decisions
www.hpc-uk.org/publications/consultations/index.asp?id=36

We anticipate that such criteria could include:

- a clear link between the qualification in question and a particular function or an occupational role which cannot be adequately and safely carried out without the qualification;
- a risk of harm to the public if the Register is not marked;
- a clear identification of how the identified risk would be mitigated by the Register being marked; and
- the necessity for either function or title to be restricted by marking the Register.⁴

At the discussion meeting, there was overall agreement with the criteria outlined in the document, with some reservations. These were around whether the criteria should focus on giving more information to members of the public, rather than on 'restriction of practice'.

- **Previous discussion**

At its meeting on the 10 June 2008, the Committee considered a paper from the Executive following the discussion meeting held in February 2008.

Discussion included the following questions:

- How meaningful it would be to the public and registrants to annotate the Register?
- What risk to public protection would be addressed by annotating the Register?
- Would annotation restrict functions and therefore fetter the development of the professions?

The Committee also made the following points:

- Post-registration training might not necessarily lead to the award of a qualification.
- Any decision to annotate the Register would carry with it financial and resource implications.
- Annotations could contribute towards providing better information to members of the public.

These areas are discussed later in this paper.

⁴ Health Professions Council response to the Review of the regulation of the non-medical healthcare professionals

<http://www.hpc-uk.org/aboutus/consultations/external/index.asp?id=38>

Further information

In this section, further information relevant to the Committee's discussion is outlined. In particular, further information is provided about the role of other regulatory and professional bodies.

Annotations of registers held by other regulators

At its meeting in June 2008, the Committee considered information from the Executive about the annotations of registers held by other regulators. Further information was requested in relation to advanced practice in nursing, pharmacy and medicine.

The information about annotations of registers is repeated below with additional information provided, where available.

- General Medical Council (GMC)

The GMC has specialist registers and a general practitioners register which indicate where a doctor has undertaken specialist or general practitioner training.

Post-registration training is currently approved by the Postgraduate Medical Education and Training Board (PMETB). PMETB is due to be abolished and this function absorbed into the General Medical Council.

The Royal Colleges relating to each of the areas of practice publish the competencies necessary to practice in that area, and administer the training process including examinations.

The registers relate to discrete areas of practice and there is a clear link between specialist or general practitioner training at various grades, entry in the specialist or general practitioner register of the GMC, and eligibility to apply for posts at distinct levels of seniority within the National Health Service (NHS) and elsewhere.

- General Dental Council (GDC)

There are 12 specialist lists:

Oral surgery
Orthodontics
Paediatric dentistry
Endodontics
Periodontics
Prosthodontics
Restorative Dentistry
Dental Public Health
Oral Medicine
Oral Microbiology
Oral Pathology
Dental and Maxillofacial Radiology

The General Dental Council approves training leading to a Certificate of Completion of Specialist Training which provides eligibility for entry to the specialist lists. Training is delivered via the postgraduate deaneries in dentistry.

Only those registrants whose names appear on the specialist registers can call themselves a 'specialist'. There is a clear link here between a discrete number of specialisms with identified competences, a qualification, and specialist title. There is also a clear link between the specialist list and job roles.

The General Dental Council consulted in May 2008 on recording additional skills and qualifications in their register.

- Nursing and Midwifery Council (NMC)

Nurses join the Register with a 'mark' indicating the field of practice in which they have gained proficiency, e.g. adult, mental health, learning disability or child nursing. Subsequently they may wish to undertake further study for a nursing qualification leading to a second 'mark' on the Register (i.e. relating to another discrete area of practice) by undertaking a shortened programme, with recognition of their prior learning and experience.

The NMC only records on its register those qualifications for which it sets a standard.

Degrees are not recordable on the Council's register, unless they are included as part of a package of qualifications, to indicate:

- that a registrant is eligible to practise as a teacher of nurses, midwives or specialist community public health nurses;
- that a registrant has achieved sufficient qualifications to enable them to register as a specialist community public health nurse, an advanced nurse practitioner, or to record an NMC-approved specialist practice.⁵

The NMC has previously consulted on a sub-part of the nursing register to mark those who have undertaken programmes to become an 'advanced nurse practitioner'. The NMC had decided that this was necessary because there are numerous titles used by some nurses which imply an advanced level of knowledge and competence that is not necessarily possessed.

Nurse practitioners are defined by the Royal College of Nursing as those who have undertaken a specific course at honours degree level enabling them to use advanced skills, some of which are not normally exercised by nurses, including undertaking differential diagnosis.⁶

⁵ Nursing and Midwifery Council, A to Z of advice (Accessed May and November 2008)
www.nmc-uk.org

⁶ Royal College of Nursing, Advanced nurse practitioners – an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation
www.rcn.org.uk/___data/assets/pdf_file/0003/146478/003207.pdf

The advanced practitioner qualification is not yet marked on the Register because the necessary legislation to do this has yet to be passed. However, the White Paper indicated that this was an area that the Department would discuss further with the NMC.

The proposals make a link between a formal qualification and an annotation, (or entry in a sub-section), of the Register.

- Royal Pharmaceutical Society of Great Britain (RPSGB)

The RPSGB annotates the Register to indicate where a pharmacist is a supplementary or independent prescriber.

- Pharmaceutical Society of Northern Ireland (PSNI)

The PSNI annotates the Register to indicate where a pharmacist is a supplementary or independent prescriber.

- General Optical Council (GOC)

The GOC annotates the Register to indicate where a number of different post-registration qualifications are held.

There are some specialist areas where there is direct link between the qualification, its entry in the Register, and a particular function. For example, dispensing opticians can undertake a GOC approved course in the contact lens speciality. Completion of the course qualifies the individual to assess whether contact lenses meet the needs of a patient. They can also fit and supply a patient with contact lenses and provide aftercare.

- General Chiropractic Council (GCC) and General Osteopathic Council (GOsC)

The GCC and GOsC do not currently annotate their Registers.

Advanced or specialist practice

The White Paper said the following in relation to the professions regulated by the HPC and with reference to the proposals on revalidation:

‘The Government agrees that the regulatory body for each non-medical profession should be in charge of approving the standards which registrants will need to meet to maintain their registration on a regular basis. Where appropriate, common standards and systems should be developed across professional groups where this would benefit patient safety. The Department will ask the Council for Healthcare Regulatory Excellence (CHRE) to work with regulators, the professions, and those working on European and international standards to

support this work. This will encompass the development of standards for higher levels of practice, particularly for advanced practice in nursing, AHPs and healthcare scientists.’ (Paragraph 2.30).

Thus far the Committee’s discussion has focused on the interaction of a qualification or acquired competences with the Register. The broader area of advanced or specialist practice is one in which professional bodies and employers are often involved – in developing new roles and in producing standards, guidance and training programmes to support the career development of registrants.

Some of the roles undertaken here by professional bodies are explained below.

Professional bodies

At the discussion meeting, it was recognised that post-registration qualifications, specialisms and advanced practice are areas in which some professional bodies are actively involved.

Three examples are given below of professional body activity in this area.

- **Physiotherapists**

The Chartered Society of Physiotherapy (CSP) is involved in endorsing post-registration programmes where physiotherapists form the main part of the target market and where the programmes develop competences at a significant level above basic registration. Programmes endorsed include programmes in musculoskeletal physiotherapy and respiratory physiotherapy.

The CSP’s clinical interest groups also provide a mechanism by which specialisms can be recognised and by which members of the public can access information about physiotherapists qualified in a particular field.

For example, the Acupuncture Association of Chartered Physiotherapists (AACP) is a clinical interest group affiliated to the CSP. The Association sets training standards for physiotherapists wishing to practise acupuncture and approves programmes against those standards. Physiotherapists who successfully complete approved training can become AACP members.

Members of the public wishing to find information about physiotherapists in their area that hold AACP membership can visit the AACP website.

- **Biomedical scientists**

The Institute of Biomedical Science (IBMS) has a structure of post-registration training that biomedical scientists can follow as they advance on their career path.

Registrants can undertake a specialist portfolio in order to demonstrate the training, practical skills, specialist knowledge and competency acquired following the point of registration. The IBMS administers the assessment and award of a specialist diploma in specific biomedical science disciplines.

At senior levels of practice, biomedical scientists who can demonstrate higher specialist skills and knowledge can be awarded the distinction of 'Chartered Scientist'.

- College of Occupational Therapists

The College of Occupational Therapists has published a post-qualifying framework for occupational therapists.

This framework lists graded statements that identify capabilities expected to be demonstrated at different levels of practice – including management, education and research.

Continuing Fitness to Practise Professional Liaison Group (PLG)

At its meeting on 10 June 2008, the Committee agreed that its future discussion should take account of the work of the Continuing Fitness to Practise Professional Liaison Group (PLG).

The Council considered the final report of the PLG at its meeting in October 2008. The group explored the issues around revalidation of health professionals.

The group concluded that additional regulation was not indicated at this time but identified a number of areas which merited further consideration. This included further analysis of the link between conduct during education and training and subsequent fitness to practise action.

The report concluded that the continuing fitness to practise of registrants was collectively assured by a number of interlocking systems, including but not limited to regulation. Such systems would include the role performed by professional bodies and others in the post-registration arena.

However, the report did not make any specific recommendations that appear to be of immediate or direct relevance to this area.

The Department of Health non-medical revalidation working group has yet to formally publish its final report. Advanced practice was discussed at meetings of the group. The final report is likely to recognise the lack of a single definition of advanced practice and flag the possible interaction between regulators' revalidation systems and annotations of their registers.

Department of Health extending professional regulation working group

The Department of Health extending professional regulation working group meets to discuss developing a coherent approach to regulating new professions.

The group is tasked with considering the possible different models of regulation; developing criteria for determining whether a group should be regulated; and providing guidance on how these groups should be prioritised.

As part of this, the group is considering the areas of advanced practice and annotations of registers. A stakeholder meeting took place on Tuesday 18 November 2008 to further consider this area.

The group has also commissioned a piece of research looking at developing a risk-based model to decision making in this area.

The group is due to report to ministers in December 2008 / January 2009. This will be followed by a response by ministers to the report.

Marc Seale, Chief Executive and Registrar represents the HPC on this group, and on its equivalent in Scotland.

Discussion and questions

This section is intended to build on the information provided to the Committee in order to stimulate discussion which will inform the subsequent work of the Committee and the Executive in this area.

This section does not specifically discuss the indicative criteria outlined earlier in this paper, nor does it examine in detail the case for any particular qualifications to be annotated on the Register. However, issues relevant to the indicative criteria are discussed below and the Committee may wish to consider the usefulness of the indicative criteria in providing a structure for future possible decision making. In addition, appendix three to this paper outlines two examples of qualifications that it has been argued might be suitable for entry in the Register at some point in the future.

Three areas are highlighted below and overleaf, with specific questions identified in order to assist the Committee in structuring its discussion. This is not intended to be an exhaustive analysis of the potential areas for debate.

- **Post-registration qualifications?**

At the discussion meeting and the meeting in June 2008 there was a recognition that post-registration training did not always result in a qualification. In addition, the relevant rules do provide powers to annotate 'competence' in a particular field, as well as qualifications.

The White paper identified three groups outlined in italics below and overleaf. A brief commentary is included after each group.

The White Paper said that the three groups were:

- *additional training resulting in a further award that adds to an individual's professional practice, experience and career development: these qualifications may be taken as part of continuing professional development (sometimes encouraged by the professional bodies), at the behest of the employer or through the personal choice of the individual. These can be seen as part of normal career enhancement and may not always directly change the scope of practice, but simply widen the knowledge and skill that a professional will bring to their role;*

This additional training and development is captured by the CPD standards and audit process.

- *those that can currently be recorded by the Health Professions Council and the Nursing and Midwifery Council as marks on the register, such as supplementary prescribing. These identify that an individual has obtained a further qualification currently approved by the regulator, which may be referred to in legislation as a requirement prior to undertaking a specific activity; and*

The annotation is required by legislation and linked to function.

- *existing specialist qualifications undertaken by a variety of professionals, and directly related to the ability to practise at a significant level. This is usually identified at level 9 on the Skills for Health Career Framework, although sometimes at level 8. Currently, not all regulators record this award. (Paragraph 6.12)*

These qualifications may be linked to specific roles or career progression in particular settings.

The learning undertaken by registrants after the point of registration is broader than post-registration qualifications leading to formal awards. However, in terms of annotation of the Register, it may be logistically problematic to look further than this. An annotation of the Register would rely on being able to identify a discrete set of competences and recognise that they are successfully achieved before annotating the register. This would necessitate some kind of validation – via a programme, examination or other process that leads to some kind of named award.

This paper also highlights the role of some professional bodies and some regulators in producing standards or frameworks for advanced practice. This is a broader area than post-registration qualifications, looking at the definition of the skills and competencies required at specific levels or in specific areas of practice.

The Executive receives a small amount of enquiries from stakeholders asking whether we produce any standards relating to advanced practice in the professions we regulate. Stakeholders are referred to the existing standards and to the relevant professional body.

The lack of standards published by the regulator that relate to specialist areas (whether or not these areas are annotated on the Register) is sometimes argued to be a potential concern for public protection. However, the HPC is not prevented from investigating complaints about registrants who have an extended scope of practice, and is able to take appropriate action to protect members of the public. For example, if the case was found, a panel might apply conditions to the registrant's registration to limit their practice in that area.

Questions

1. When considering annotation of the Register, is it possible to look beyond post-registration qualifications to consider post-registration training that does not result in a qualification or an award?
2. Is there any further work the Executive might undertake in the area of advanced practice?

The purpose and meaningfulness of annotating the register

At the meeting on 10 June 2008, the Committee discussed the meaningfulness to the public and to registrants of annotating the Register; the risks to public protection that would be addressed by marking of the register; and the implications of any protection of function.

The Executive suggests that two approaches can be put forward here. These are not intended to be mutually exclusive or exhaustive but do illustrate two approaches with different emphases.

- Risk and the protection of the public

An approach focused on risk and the protection of the public would be consistent with the White Paper recommendations that annotations should be considered where they are 'relevant to patient care, risk management and are at a level substantially beyond the requirements for basic registration'.

The indicative criteria outlined in this paper are focused on the risk to public protection and how this would be mitigated by an annotation of the Register.

In particular, the criteria suggests that the annotation should carry with it protection of function or protection of title.

This would mean that there would be a clear distinction in the minds of the profession, employers and public about the purpose of the annotation and what it denotes. Someone who did not possess the qualification or standard required for annotation would be unable to use that protected title or undertake that specific role.

This would ensure that there is a clear distinction between those registrants who are annotated and those who are not, in terms of demonstrated additional competence in the particular area, and therefore the right to use a protected title or undertake a particular function.

However, participants at the discussion meeting were concerned about the fettering of practice that might occur with any protection of function.

- Providing information to members of the public

A related, but slightly different approach might be one focused more on the benefits of providing more information to members of the public, in order to enable informed decisions. One participant at the discussion meeting argued that the focus should be less on restriction and more on recognition of expertise. The Committee also discussed the potential role of annotations in providing better information to members of the public.

In 2006, the joint UK health and social care regulators Patient Public Involvement (PPI) group published research commissioned by Opinion Leader Research (OLR) with members of the public aimed at making registers more usable.

The HPC Register currently includes:

1. Registration number
2. Name of registrant
3. Town (general geographical location)
4. Status ('Registered')
5. Registration start date
6. Registration end date
7. Any annotations from fitness to practise action (cautions / conditions of practice orders)
8. Existing annotations

The OLR research concluded that members of the public wishing to check if a known professional was registered would additionally want to know about:

- 'Basic qualifications – to check that they are correctly qualified'
- 'Level of experience, specialisations – to check that they are working in the right area and at the right level'

The research additionally concluded that if people are looking for information in order to choose a particular practitioner in a specific location, they would want more detailed information including:

- 'All qualifications, specialisations, training – some mention that they would like a mini CV detailing a professional's working life. This would differentiate the register from other search engines that are currently in use. It would allow the public to choose the professional best suited to their needs.'
- 'Private / NHS – to allow them to make a more informed decision about the care they receive.'⁷

The research therefore indicated that the public demands more information in order to make informed choices. In relation to the second group of information requirements, more detailed information on the specialisms of professionals are sometimes available via professional bodies or other organisations, particularly where they represent the interests of professionals who work in the private sector. For example, the Association of Speech and Language Therapists in Private Practice (ASLTIP) has a facility by which members of the public can search for members who offer services to particular age ranges or in particular areas of practice.

However, it may be problematic for both the members of the public and the profession if there is not a clear link between the qualification held, the resulting

⁷ Opinion Leader Research (Commissioned by the UK Health and Social Care Regulators PPI Group), UK Health and Social Care Regulators – Making registers more usable

annotation of the Register, and a function, role or title. If this was the case, it may be difficult to explain to a member of the public the difference between a registrant who holds such a qualification and one who does not.

Annotating the register without a link to title or function would allow employers, for example, to check that a qualification was held. However, this could be verified via normal employment checks in any event.

Questions

3. What are the potential benefits of annotating the register?
4. Would an annotation of the Register be meaningful in the absence of a clear link to a protected title, function or role?

Approval of post-registration qualifications and standards

There was no overall agreement at the discussion meeting about whether there should be direct approval of post-registration qualifications. This area was not discussed in detail by the Committee when it last considered this issue.

Article 15 (5) of the Health Professions Order 2001 says:

- (a) a course of education or training which the Committee is satisfied confers or would confer on person completing it successfully the standards of proficiency mentioned in paragraph (1);*
- (b) qualifications which are granted following success in an examination, or some other appropriate assessment taken as part of an approved course of education and training;*
- (c) institutions which the Committee considers to be properly organised and equipped for conducting the whole or part of an approved course of education and training;*
- (d) such test of competence or knowledge of English as it may require.*

Currently, the qualifications leading to annotations of the Register are directly approved by the HPC, against the relevant standard(s) of proficiency and standards of education and training.

Approval of any other post-registration qualifications that the Council may choose to annotate would similarly ensure that the requisite standards are met before the Register is marked. An annotation of the Register could further be considered to represent tacit endorsement by the HPC and therefore approval against standards may be indicated. If such an approach was taken, it may further be necessary to publish further standards to describe the threshold knowledge, understanding and skills required for annotation in that particular area.

The discussion meeting considered whether the HPC should enter into arrangements with other bodies to approve post-registration qualifications. There was no clear agreement about this suggestion. If such a decision was made, this would represent a change of direction from HPC's current approach to pre-registration education and training. Further, such an arrangement might require some kind of process via which HPC could approve the approval of another body.

The cost and resource implications of approving and monitoring post-registration qualifications have the potential to be significant (please see appendix 2).

Question

5. Should HPC directly approve post-registration programmes which lead to annotation of the Register?

Possible next steps

This paper is intended to stimulate discussion in order to help guide the future direction of this work and identify next steps.

The Executive suggests that a helpful first outcome from this work would be the development of a clear policy position in this area which might then be used by the Executive and the Committee in the future when dealing with requests for further annotations of the Register.

A further possible outcome, at an appropriate point, might be a consultation articulating the views of the Committee in this area and seeking to gather and benefit from the views of a wider group of stakeholders.

The Committee will also wish to take account of the outcomes of the Department of Health working group looking at extending professional regulation, including the research which will look at a risk based approach to decision making about extending regulation.

Summary of the post-registration qualifications discussion meeting held on 26 February 2008.

Attendees were divided into groups and asked to discuss five questions. This summary is structured around each of those questions.

Should the HPC annotate the Register to indicate where a greater range of post-registration qualifications are held?

There was overall agreement that the HPC should annotate the Register to indicate where post-registration qualifications are held, but with some reservations. The following points were raised:

1. Risk is important – a ‘step change’ in practice means greater risk, which in turn suggests that the Register should be annotated.
2. Are we only looking at named awards? What is the definition of a qualification? Education and training undertaken by registrants included self-directed study, professional body delivered programmes, and programmes delivered by Higher Education Institutions (HEIs).
3. Should we be looking beyond ‘qualifications’ and think instead about the acquisition of skills and competencies?
4. A recognition that a significant amount of profession specific work would need to be done. A recognition also that the area of post-registration qualifications is the domain of the professional body, an area that doesn’t necessarily affect public protection.
5. Situations sometimes arose where an employee is asked to undertake tasks which they feel would be dangerous to service users given their training. However, it was also suggested that the standards of conduct, performance and ethics already gave clear information on these types of situation.
6. Clinical governance and other frameworks exist to mitigate risk in any event.
7. The issue of registrants undertaking advanced practitioner roles was raised. Some participants said that the titles used by such practitioners could be confusing to members of the public.
8. We need to think about any possible impact on independent practitioners who may have less opportunity to develop.

9. Some benefits and disadvantages were identified:

The following possible benefits were identified.

Marking the Register would:

- recognise expertise;
- provide reassurance to service users; and
- ensure comparable standards across education and training providers which would mitigate risk.

The following possible disadvantages were identified:

- There was a danger of unnecessarily restricting the practice of other competent professionals.
- Any proliferation of titles could be confusing to members of the public.
- Marking the register could create elitism which could be detrimental to service users.
- We needed to avoid unnecessary restriction of practice.

10. There was recognition that professionals across different regulators often perform the same functions.

How appropriate are the indicative criteria? Are there any additional criteria?

There was overall agreement with the indicative criteria, with some reservations. The following points were raised:

1. We needed to look beyond 'formal qualifications'.
2. One participant said that the criteria, as currently written, could be seen as negative and might be developed further. The criteria should focus more on effective practice and giving more information to the public, taking into account public expectations.
3. We needed a simple process which could accommodate change and cost effectiveness.
4. There should be less focus on restriction, more on recognition of expertise.
5. There were problems with restricting function as different professions often performed the same tasks.

Should post-registration qualifications be directly approved by HPC (as for pre-registration programmes?) If not, how else might they be approved?

There was no overall agreement that there should be direct approval of post-registration qualifications. The following points were made:

1. Direct approval might be necessary to ensure consistent application of standards. Problems could arise with delegation of responsibility.
2. There was recognition that, in some areas, there is more than one body that represents the interests of the profession.
3. Other suggestions were that the HPC should enter into partnership working arrangements with the professional bodies but should 'rubber stamp' the approval.
4. A point was raised about removing annotations if, over time, the area had become embedded in pre-registration education and training.

Should HPC produce standards of proficiency for use in approving post-registration qualifications?

There was overall consensus that standards would be necessary but that the HPC would need to build on existing standards, frameworks and external reference points— e.g. Quality Assurance Agency and professional body standards and frameworks. The following points were made:

1. There was overall agreement that the generic/ profession-specific structure of the existing standards of proficiency should be retained.
2. The relationship of the threshold standards to the standards for advanced levels of practice would need to be explored.
3. Some qualifications change your role but do not increase the risk to members of the public.
4. The implications for failing to meet standards needed to be looked at.
5. It was reiterated that public protection and risk to members of the public should be the primary consideration.

What existing post-registration qualifications are there and how far do they meet the indicative criteria? Should they be annotated on the HPC Register and, if so, why?

A number of qualifications or roles were identified. These included:

1. Practitioner Psychologists
 - Psychologists who specialise in psychotherapy
 - Clinical neuropsychologists
2. Chiropodists and podiatrists
 - Fellowship of Podiatric Surgery
 - Advanced qualification in foot health care
3. Art, music and drama therapists
 - Lists of approved supervisors held by some professional bodies
4. Clinical scientists
 - Membership of the Royal College of Pathologists
5. Dietitians
 - The British Dietetic Association are putting together a case for some extension of prescribing rights or exemptions from the Medicines Act for Dietitians
6. Paramedics
 - Paramedic Practitioner (sometimes known as Emergency Care Practitioner)
 - Critical Care Paramedic
 - Possible future extension of non-medical prescribing to paramedics
7. Occupational therapists
 - Approval as an Approved Mental Health Professional
8. Operating Department Practitioners
 - Advanced surgical care practitioner

This is not intended as an exhaustive list.

Attendees

Representatives from the following organisations attended the meeting:

Association for Perioperative Practice
Association of Clinical Scientists
British Association of Art Therapists
British Association of Drama therapists
British Dietetic Association
British and Irish Orthoptic Society
British Paramedic Association
British Psychological Society
Chartered Society of Physiotherapy
College of Occupational Therapists
Council of Deans
Institute of Biomedical Science
Institute of Chiropractors and Podiatrists
Neuropsychologists UK
Royal College of Speech and Language Therapists
Society and College of Radiographers
Scottish Government Health Directorate
Society of Chiropractors and Podiatrists

Three HPC visitors, three members of the HPC Council and 6 members of staff also attended.

Annotating the register – cost and resource considerations

The main points for discussion in this area are outlined in the main paper and, if it was agreed to annotate further qualifications, there could be a number of policy approaches to doing this.

With any approach, there are potential financial and resource implications. The Committee will wish to consider in detail the financial and resource implications of any subsequently agreed approach in this area.

For information, some of the steps involved in annotating the register are outlined below, and based on the following scenario:

- A post-registration qualification is annotated on the Register.
- The qualification carries it with it protection of title.
- The qualification is directly approved by the HPC in line with current arrangements.
- Standards of proficiency (or their functional equivalent) are published to describe the standards for safe and effective practice necessary to be annotated on the Register.

This would involve activity in a number of areas, including:

- Consultation

A consultation would need to be held on the decision to protect a new title or protect a new function and on the necessary amendments to the legislation and/or rules.

These results would need to be analysed, and a final decision taken in light of the responses.

A consultation would also need to be held on any standards of proficiency (or equivalent) relating to the annotation.

- Legislation

The protection of title would require an amendment to the Health Professions Order 2001 and / or the Health Professions Council (Registration and Fees) Rules Order of Council 2003.

- Education

The direct approval of education and training would involve visits of education and training providers and subsequent monitoring to ensure that the relevant standards continued to be met.

- Registration

The protection of a new title would be likely to necessitate a grandparenting period to recognise the acquired rights of those in practice using that title who do not hold an approved qualification.

The annotation of any post-registration qualifications would also involve an upgrade of the registration database and online register.

Example qualifications

Two examples are given below of qualifications that it has been argued might be suitable for annotation of the Register.

The first of these was raised under any other business at the last meeting of the Education and Training Committee on 25 September 2008. The second example relates to practitioner psychologists, who, it is anticipated, will come on to the HPC Register around July 2009.

Podiatric Surgeons

Podiatric surgeons are chiropodists / podiatrists who have undertaken post-registration training and are able to surgically manage bone, joint and soft tissue disorders within the foot.

The Society of Chiropodists and Podiatrists runs an examination system that leads to successful registrants being awarded Fellowship of the Faculty of Podiatric Surgery (FCPodS).

The Fellowship of the Faculty of Podiatric Surgery is recognised by employers in the National Health Service (NHS) and elsewhere as a requirement for positions as a podiatric surgeon.

The Fellowship of the Faculty of Podiatric Surgery was recognised by the Chiropodists Board of the Council for Professions Supplementary to Medicine (CPSM) and marked in the CPSM Register.

Please see the minutes of the Committee's last meeting for more information about the arguments advanced for annotation of the Register. The potential annotation of this area was also raised at the discussion meeting in February 2008.

Neuropsychologists

Neuropsychologists (sometimes known as clinical neuropsychologists) are normally clinical or educational psychologists who have undertaken further training. Neuropsychologists look at the relationship between the brain and neuropsychological function.

The British Psychological Society (BPS) offers a training programme in neuropsychology and accredits post-graduate programmes in neuropsychology. Someone successfully completing the training is eligible to become a member of the BPS Division of Neuropsychology.

Neuropsychology is not one of the seven domains of practitioner psychology practice that it is intended to directly regulate in 2009. However, the vast majority of neuropsychologists are chartered clinical or educational psychologists, or are eligible to be chartered in these domains.